

## State Active Duty Position Request

1. Division/Activity: \_\_\_\_\_

2. Branch/Section: \_\_\_\_\_

3. Action Requested:     ☐ New Position     ☐ Retitle Position     ☐ Reclass Position

4. Present Title/Grade: \_\_\_\_\_

Proposed Title/Grade: \_\_\_\_\_

5. Justification for action: (Also attach position description OTAG Form 900-13a)

6. Requesting Official: \_\_\_\_\_ Date: \_\_\_\_\_

7. Division/Activity Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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8. State Personnel Branch Concurrence: \_\_\_\_\_ Date: \_\_\_\_\_

9. Fund Verification: \_\_\_\_\_ Date: \_\_\_\_\_

10. AG/or Designated Representative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

11. Department of Finance Approval: \_\_\_\_\_ Date: \_\_\_\_\_

12. OTAG Position # Assigned: \_\_\_\_\_ Date: \_\_\_\_\_